THE

MEDICAL NEWS

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VOL. III. APRIL, 1845. No. 28.

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CLINICS.

Clinical Lectures on Midwifery. By J. Y. Simpson, M. D., Professor of Midwifery in the University of Edinburgh.

At this our first meeting, I propose to offer a few observations on the instance of transverse presentation, and turning, which you witnessed in the Maternity Hospital two days ago.—First of all, allow me to read to you the case as it has been reported by my excellent friend Dr. Martin Barry.

"Christina Anderson, aged 28, married,—third pregnancy,—last catamenia in the beginning of March, continuing for two or three days,—time of quickening uncertain.

"On the morning of Saturday, 7th December, had a fall, in which the left hypochondrium was violently dashed against the corner of a large stone; says that she did not feel the movements of the child for longer than a day or two after this. On Tuesday the 17th,—ten days afterwards,—the child, when born, presented the separation of nearly the whole cuticle, with serosanguinolent infiltration of the scalp, and a state of looseness of all the cranial bones.—The abdomen was swollen, and on laying it open the spleen was found much enlarged, and patches of coagulable lymph were seen on its peritoneal surface; similar patches were present in the iliac and pelvic region connecting the peritoneum of the abdomen with that of the intestines; other portions of a similar inflammatory effusion were scattered over the intestines, more especially in the lower part of the abdomen.

"Labour commenced on Monday, 16th December, and was completed in 17 hours.—The membranes ruptured twelve hours before the full dilatation of the os uteri.

"During the labour the patient was bled and had an ounce of antimonial wine exhibited in ℥ss doses, to promote the dilatability of the cervix uteri.—Shortly before turning, ʒi of laudanum was exhibited, in order to moderate the uterine contraction, and facilitate the process of turning.

"The presentation was the right shoulder with the cord, and the child was removed by turning and extraction. This was performed by Professor Simpson, who, observing from the feet and legs, when they had been drawn down, that the position of the

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY *to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.*

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pelvic extremity of the child corresponded to the third position of the head with the toes pointing forwards, stated that the body as it came into the world would present a corresponding movement of rotation,—a movement forthwith seen by the writer and several others who were present.—The head was then born in the second or right occipito-cotyloid position."

Most of you are aware, that we cannot—except in the rarest cases—leave instances of shoulder presentations to nature. Experience abundantly shows us, that if we do not offer the required aid in these presentations, the woman, in general, either dies exhausted from the long-continued, but fruitless efforts of the uterus to empty itself of its contents,—or the organ, by the violence of its own contractions, lacerates its own structure, and thus establishes one of the most fatal complications to be met with in the practice of midwifery, namely, rupture of the uterine walls. In these presentations, therefore, interference is imperatively required,—and this interference consists in so far altering the morbid position of the infant, that, instead of allowing it to remain with its long axis across, or at right angles to the long axis of the uterus, we introduce our hand, and bring down to the os uteri one of the two extremities of the *ovoid* mass of the child, (the child on the latter months being, as you know, folded up into an irregular ovoid form), in order to make the long axis of the body of the infant and the long axis of the body of the uterus parallel to each other. For this purpose we may bring down either the cephalic, or the pelvic extremity of the infant.

The cases are few in which it is proper and possible to bring down the head of the child to the os uteri,--or, in other words, in which we can and should perform what is termed *cephalic* turning or version.

In almost all cases—but especially in one like Anderson's--with the child dead, and the passages well dilated, or dilatable, we bring down the pelvic extremity of the infant, and so far change the presentation from one of the shoulder or arm, into one of the breech, feet, or knees.

Many modifications of this last operation —*podalic* version or turning--as it is termed,—have been proposed, and different varieties of it are advocated by different practitioners. By some we are advised, in all cases, to bring down *both* feet of the infant. Others again assert that to bring down *one* is always sufficient. Some advise a foot or feet; others one or both knees.—Let us inquire what method would be the most simple, and most practicable, in a case like the one before us.

I would first, however, remark, that in turning, in any case, where the membranes are still fortunately entire—the female passages dilated—and the fœtus perfectly mobile in the liquor amnii—it matters, I believe, little whether we seize one or both feet, or one or both knees. All these parts are, under such conditions, so easily reached, and the whole operation of seizure, and version of the child, is then so simple, that it is almost needless to lay down set and formal rules (as some authors have done) for the exact part of the child which you should seize,—and the exact mode in which you should seize that part. There is so much room to turn, as the child still floats in the liquor amnii, that, if you can seize *firmly* almost any part of one, or both of the lower extremities, with the introduced hand, you will readily effect your purpose. The flexure of the knees affords a firmer and better hold than the foot, or feet, and is hence probably preferable. It is, however, I repeat, sufficient to seize firmly any of these two parts, which ever of them first comes within your reach.

But the operation of version, in a shoulder or arm presentation, becomes a much more difficult, delicate and dangerous operation, when you require to turn, as in Anderson's case, with the waters already evacuated, and the uterus tonically contracted, and folded around the body of the child. Under such circumstances, we require to know, and to study beforehand, the easiest method of operating for ourselves, and the most safe mode of operating for the mother.

Let us consider, therefore, what method of turning is the most simple, and the most practicable, under such conditions as I have just stated; and first of all let us inquire,—

Should we seize both feet of the infant? —You see this method of procedure represented in the plates before us of Moreau, and it is a mode which is strongly inculcated by some of our latest authorities in midwifery. "Never be content," says Dr. Lee, in his lately published lectures on midwifery, "never be content with one foot, when it is at all possible to grasp both." In most cases, I hold this method to be im-

proper and unjustifiable, because it is almost always more difficult to seize both extremities than to seize one; because one is quite sufficient for our purpose, and more safe for the life of the mother; and because by pulling at one extremity (when pulling does happen to be required after the version is accomplished,) we more perfectly imitate the natural *oblique* position and passage of the breech of the infant, than when we drag it down more directly and more upon the same plane, by grasping and dragging at both limbs equally. The infant also assuredly incurs less risk of impaction of the head, and above all, less chance of fatal compression of the umbilical cord, when the os uteri and maternal canals have been dilated by the previous passage of the breech, increased in size by one of the lower extremities being doubled up on the abdomen, than when both extremities being seized and extended, these same passages are more imperfectly opened up by the lesser-sized wedge of the breech alone.

Notwithstanding, however, the greater difficulties, and consequently the greater dangers attendant on the operation, when we search for, and grasp both lower extremities instead of one, it is still so dogmatically laid down as a rule by most obstetric authorities, that many practitioners seem to deem it a duty, not to attempt to turn the child without having previously secured both feet.

About two years ago, I was sent for by an accoucheur, enjoying a deservedly extensive practice, in order to assist him in the operation of turning in such a case as Anderson's. He had introduced his hand, and brought down one foot into the passages. For long he had been attempting to re-introduce his hand into the uterus, for the purpose of seizing and bringing down the remaining foot. His continued efforts, however, had proved perfectly useless, and he requested my attendance under this supposed difficulty. Without endeavouring to effect what he had laboured to accomplish, namely, the seizure and extraction of the retained extremity, I contented myself with dragging at the one foot already protruded, and with it alone pulled down the child without difficulty.

In few or no cases of turning is it proper or requisite to bring down both extremities, unless in the complication of turning under rupture of the uterus. In that case, but in that only, ought we to follow at once this procedure,—and here we follow it because, if we left the other extremity loose in the uterus or abdomen, it would be apt to increase the lesion in the walls of the organ, if it happened to get involved in the aperture, or impacted against its edges. In some very rare instances in which, after version by one leg has been effected, and immediate delivery is necessary, the cervix and os internum occasionally contract so forcibly and strongly upon the protruded limb, whenever we drag upon it, as not to allow of a sufficient amount of traction being applied to this extremity without fear of lacerating its structures. In such cases it may be well to attempt to repass the hand to secure the other extremity, for then by pulling at both extremities together, we incur less chance of injuring them than if we applied the same required amount of force to either of them singly.

Should we seize one extremity only?—From what I have already stated, you know my opinion, as to this being the proper method of proceeding in almost all cases of difficult turning. The method was long ago spoken of by Portal; and within the present century, Hoffman and Joerg in Germany, and my friend, Dr. Radford, in this country, have severally written on this subject, and upheld, that in *no* case of turning ought we to lay hold of more than one extremity, for the purpose of effecting the version of the infant. I have just pointed out what I conceive to be two—perhaps the only two—exceptional conditions to this general rule.

Another question meets us. Supposing we intended, in turning, to bring down the pelvic extremity of the ovoid mass of the child, *what part of that extremity* should we lay hold of in order to make it the presenting part at the os uteri?

Some accoucheurs have thought, that if we seized and brought down the *breech* of the infant, it would be the safest mode of turning. This method, however, presents so many disadvantages, that it seems now entirely rejected from practice as a common mode of performing version; for it is difficult to reach up to the breech of the child—and it is difficult to take a sufficiently firm hold of it when you have once reached it—and it is difficult, when once you have taken hold of it, to perform the evolution or version of the child with such a purchase.

We may limit, then, the part which we

ought to lay hold of to the lower extremities, and I have already told you that I believe one extremity sufficient. The remaining question, therefore, is this,—What part of that extremity should we seize upon?

Should we take hold of the foot or the knee?—I believe the seizure of the knee to be preferable, in most, if not in all cases, to the seizure of the foot, or rather, as it should be more correctly stated, to the seizure of the ankle of the child. I speak, you will recollect, of turning in cases of shoulder or arm presentation, in which the liquor amnii has been for some time evacuated, as in Anderson's case, and the uterus by its tonic contraction has clasped itself around the body and head of the child. Under such circumstances, it is an object of importance not to be obliged to introduce our hand further than is absolutely necessary into the cavity of the uterus, because the contraction of the organ, in many cases, opposes its introduction, and the forced introduction of it is apt to produce laceration. —It is an object also of equal moment to attempt to turn by a part which produces as little change as possible in the figure and form of the infant; because, if we thrust any of the angulated parts of the child against the interior of the contracted uterus, we would also thus be still more liable to produce rupture of that organ.—Now, holding these points in view, it appears to me, that the turning of the child by seizure of the knee presents several decided advantages over turning of the child by seizure of the foot. For,

First. The knee is more easily reached. As we slip our hand along the anterior surface of the protruding arm, and along the anterior surface of the thorax of the child, we always, if the attitude of the child has not been altered by improper attempts at version, or very irregular uterine action, find the knees near the region of the umbilicus of the infant—the lower extremities, as you are aware, being folded up *in utero*, so that the knees are brought up to that part, and the legs flexed upon the thighs in such a manner that the heels and feet lie nearly in apposition with the breech of the child. To seize a foot, therefore, we would require to pass our hand about three inches (or, in fact, the whole length of the leg) *further* than we required to do in order to seize a knee.

Secondly. The knee affords the hand of the operator a much better hold than the foot.—By inserting one or two fingers into the ham or the flexure of the knee, we have a kind of hooked hold, which is not liable to betray us. Every one, on the other hand, who has turned by the foot or feet, knows how very apt the fingers are to slip during the required traction, and how much in this way the difficulties of the operation are sometimes increased.

Thirdly. We produce, I believe, the necessary version of the body of the child more easily by our purchase upon the knee —because thus we act more directly on the pelvic extremity of the infant's spine, than when we have hold of a foot.

Fourthly. Turning by the foot appears to me to endanger greatly more the laceration of the uterus than turning by the knee. —The reason of this is sufficiently evident. When we turn by the foot we have to flex the leg round upon the thigh, and thus at *one* stage of the operation, and during one part of the flexion of the leg, we are obliged to have the leg bent to a right angle with the thigh, and the foot of the infant thus projected and crushed against the interior of the uterus. You see this when, on the infant before me, I seize hold of the foot, and turn it round from its position at the breech, till I bring it up to the shoulder, the part which we are supposing to present at the os uteri. You can easily thus perceive, that when the leg of the child is thus brought round, it must rasp and scratch (if I may so speak) along the interior of the contracted uterus, and endanger, to a fearful degree, the laceration of the organ. It is needless to say how much this danger is increased, when, after having brought down one foot, we pass again our hand, and attempt to bring down a second foot, (as is recommended by some authors,) for thus we only double the danger of laceration of the uterus, from the forced and obstructed passage along its interior, of this other extremity.—*Lond. and Ed. Monthly Journ.*, Feb. 1845.

[To be continued.]

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Quack Advertisements.—The following admirable remarks on quackery and quack advertisements are to be found in the number for November, 1844, of a religious periodical, which is stated by a correspondent

to circulate more than 30,000 numbers monthly, called *The Christian Witness:*—"We fell into the current, and followed the bad example of pre-existing religious periodicals; but reflection has led us to see our mistake, and we hasten to repair it, assured that we shall give satisfaction to all our readers, who properly estimate the true character of modern quackery, which is one of the vilest and foulest of all foul and vile vocations, and is sustained to an incredible extent by fraud, forgery and falsehood, and fraught with delusion, disease and death. To publish their nostrums is to partake of their deeds; to receive their money is to share their spoils, and aid them in making war upon mankind. No vehicle renders them such assistance in the work of rapine as the *religious magazines*, which, among the thoughtless masses, powerfully and naturally tend to dignify the hateful system, and to sanctify the ruthless imposture. On this point the communications of some of our correspondents are both startling and grievous, and such as show the necessity of religious men and religious magazines cutting all connection with quacks and quackery."—*Lancet*, Feb. 8, 1845.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Classes.—University of Pennsylvania, 446; Harvard University, Boston, 157; Jefferson Medical College, 409; College of Physicians and Surgeons, N. Y., 193; Medical Institute of Louisville, 286; Cleaveland Medical College, 109; Albany Medical College, 111.

Medical Graduates.—Medical Institution of Yale College, 11; University of Maryland, 43; Medical Institute of Louisville, 77 (including 3 honorary and 3 *ad eundem*); Jefferson Medical College, 116; College of Physicians and Surgeons, N. Y., 33; University of the City of New York, 120.

Rhode Island Asylum for Lunatics.—Dr. Isaac Ray, of the Insane Hospital, Maine, has been elected Medical Superintendent of the asylum about to be erected for lunatics in Rhode Island.

FOREIGN INTELLIGENCE.

Opinion of Mr. Liston respecting the Operation of Extirpating Ovarian Tumours.—"I need not tell you that wounds of the abdomen are dangerous; patients perish from trifling openings where the viscera are not at all involved, and yet you are aware that of late years the belly has been opened intentionally, with the view of ascertaining the existence of tumours, and of taking them out. These incisions have been made sometimes of limited extent, and sometimes from the ensiform cartilage down to the pubes. Some people do not hesitate to make a hole in the abdomen, put in their fingers, and feel what is there, strangely enough exemplifying what Hudibras says—

> 'As if a man should be dissected
> To see what part is disaffected.'

"These operations are, in my opinion, exceedingly unjustifiable; I have always set my face against them, and I think always shall. In the first place, the diseases you meet with here are not always—I may say, are very seldom—of a dangerous character. Women labour under encysted tumours connected with the uterus and ovaria, and under solid tumours, too, and yet enjoy perfect health; the disease does not kill them. Sometimes—though very rarely indeed—you meet with malignant diseases here, but it is impossible to ascertain their nature through the parietes of the abdomen. If there be malignant disease, you cannot expect to cure the patient by any known means, and you are not warranted in having recourse to the removal of the disease; for even the operation itself is attended with most imminent risk. You are told how many patients recover where the disease is not of a malignant character; but many people write disingenuously; they do not tell the whole truth. When they have an unsuccessful case they do not bring it forward, but every successful case they advertise most unblushingly. I have taken some trouble in looking after the cases, having by chance seen some of the first that were operated upon, and tried hard besides to dissuade the patient from undergoing it. I have examined previously some of the cases in which Mr. Lizars performed this operation in private practice, for I took good care to prevent him from cutting open women's bellies in the hospital after he became attached to it. A new rage has of late sprung up for this proceeding. Mr. Key has, within these few months, operated on one case; a Mr. Clay, of Manchester, on

several; Mr. Bransby Cooper, on one; Mr. Lane, Mr. Walne, more than once; besides others. There are some American and foreign cases, besides those of the Edinburgh professor. I have here the particulars of thirty-one cases in which the operation has been performed by what is called the greater incision--that is, from the cartilago-ensiformis to the symphysis pubis--with various success. Out of these, sixteen died; in some of them there was no tumour, and in some it was not removed. There is an immense difficulty in the diagnosis; you cannot tell what is the nature of the tumour, and in some instances, as it appears, the practitioners engaged could not say whether there was any tumour or not. The first case operated on in Edinburgh was that of a woman who had been, at one time, under my care. She was treated for an abscess of the loins, connected with disease of the spine. There was a considerable excurvation of the spine; she was a puffy, podgy, little woman; she had an exceedingly protuberant belly. She recovered from the effects of the disease for which I treated her; the bones had grown together, but her stature was much diminished; she then complained of a swelling in the abdomen, and got into the hands of Mr. Lizars. He proposed to open the belly; she came to consult me, and, in fact, to beg that I would perform the operation. I declined; and endeavoured, by every argument that occurred to me, to persuade her not to submit to it. She did not, however, follow my advice, and having given her consent, an incision was made by the professor, from the sternum to the pubes, but after turning over the viscera, nothing to take away was discovered. Strange to say, the woman recovered almost without a bad symptom. But if you should make certain that there really is a tumour, you cannot possibly tell what its attachments are, and in many of the operations the diseased mass has been exposed, turned over, and found so adherent that it was not possible to remove it. Well, we began with thirty-one patients; out of the fifteen who did not die, six had no tumour, or it was not removed. In some, the tumour could not be got at, the patient was sown up again, and lived in spite of this embowelling process.

"With these results, I do not think that the operation is justifiable. Besides, in Professor Lizars' most successful case, there was, certainly, a large tumour removed, without a fatal result, but the other ovary was ascertained to be in a diseased condition, and was left, so that the cure was rather incomplete. I think the poor woman was paraded in this city, amongst the physician-accoucheurs and others. It is far better, I apprehend, to let the patient alone; when the tumour attains a great size, and contains any fluid, this may be evacuated. I have known of several instances in which the fluid has escaped from time to time by the vagina, with temporary relief. The patient may thus live a great while, and you do not seriously endanger her life. I would not be induced, under any circumstances, to open the belly and explore it, far less to cut it open, and attempt to take away the tumour.

"Another operation has been proposed, and in a few cases performed in encysted dropsy—namely, the making of a hole, pulling the cyst out with the fingers, and putting a ligature round its base. This has been done both successfully and unsuccessfully. Some time back a very fine young woman came to me, anxious to have the operation performed. She was in excellent health, but then there was the greatly enlarged belly, which was, from its appearance merely, a great and constant annoyance to her, as calling forth the remarks of her ill-natured neighbours. It was proposed that the operation should be undertaken, but I declined it. She fell into the hands of a practitioner who did perform it, but she died within two days, in dreadful agony. The case was published, and an attempt made to show that I had sanctioned it. This, of course, I was bound to contradict.

"A case was related to me the other day by a very excellent and experienced practitioner. The patient, a middle-aged woman, began to get very large on one side; a fluctuating swelling soon filled the abdomen; but by-and-by she suspected that she had become pregnant. The motions of a child could, after a time, be felt far back towards the left lumbar region: she went her full time, and was delivered of twins. Some difficulty arose in the accouchement, in consequence of the protrusions of the posterior wall of the vagina; the tumour was pushed back; the head of the first child got down, and the patient made a tolerable recovery. The abdominal tumour increased, and it was at last necessary to have recourse to

paracentesis. The cyst soon filled again, the patient became more and more emaciated, and sunk exhausted. My friend thought this would be a good opportunity of trying the new operation. He found the parietes as thin as two folds of brown paper, and the most intimate adhesions existed, so that by no possibility could the cyst be separated at any one point. The same difficulty has, I am told, been experienced more than once in the living body.—*Lectures on Practical Surgery*, in *Lancet*, Feb. 8th, 1845.

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Distilled Waters.—Mr. Warrington has made many experiments on the distilled waters of the English Pharmacopœia, which prove that the use of spirits of wine added to preserve these waters, has a contrary effect; that after a time it is converted into acetic acid, and that in no respect is it desirable. He also pointed out the evil resulting from it in cases where these waters are prescribed as solvents for many chemical articles. The substitution of waters prepared by triturating essential oils with magnesia or chalk, he conceives to be equally, if not more objectionable, as these substances are taken up by water in such quantities as to render the waters unfit for the preparation of prescriptions. The magnesia or chalk does not act by forming a soluble compound with the essential oil, but simply by mechanically dividing the oil, and thus exposing a very large surface to the solvent action of the water. Hence Mr. Warrington proposes to substitute perfectly insoluble materials, such as fine porcelain clay, powdered glass, pumice-stone, or calcined flints, for the magnesia or chalk; and he finds, by experiment, that these substances effect the purpose perfectly, charging the water with the essential oil, and not themselves dissolving in it. Prepared in this way, the waters are quite equal to those distilled, and keep extremely well. —*Lancet*, Feb. 8, 1845.

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Iodine a Preservative against Variola.—Dr. Schreiber states that he has found the administration of iodine useful in preventing the members of the family of a person labouring under small-pox, from being infected with the same disease. The formula he used was as follows:—℞. Hydriod. potass. gr. viij; Tinct. iod. gtt. xvj; Aqua font. ℥ij. S. A teaspoonful morning and evening. *North J. Med.*, from *Henke's Zeitschrift.*

Death occasioned by the administration of a Tobacco Enema. By M. Japiot.—A man, aged 56, had a strangulated hernia, for which, after various ineffectual attempts at reduction, an enema of fifteen grammes of tobacco was administered. A quarter of an hour afterwards symptoms of most intense narcotism came on, and the patient died twenty-five minutes after the administration of the enema.—*Gaz. des Hôpitaux.*

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Perforation of the Membrana Tympani.—Dr. James Mercer, in an interesting article in the *Northern Journ. of Med.* (Oct. 1844), states, that out of fifteen cases in which he performed this operation, six being instances of chronic morbid thickening of the membrane, and nine of insurmountable obstruction by stricture of the Eustachian tube; in one only, and that one a case of the latter form of disease, did any benefit result.

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Discovery of two new Metals.—Prof. H. Rose, of Berlin, announces that he has discovered two new metals in the Tantalite of Bavaria, to which he proposes to assign the names of *Pelopium* and *Niobium.*

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Treatment of Leeches.—Mr. Boyce states that the most simple and least injurious method of emptying leeches of the blood they have drawn, is to immerse them for a few moments in a little mistura camphora; when they have evacuated all the blood they should be put into clear water, which should be changed in half an hour. In some of the diseases of leeches, Mr. Boyce thinks that immersing them in mistura camphora twice a week diminishes the mortality.—*Pharm. J.*

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Importance of Ventilation.—Mr. Squire, in a late No. of the *Pharmaceutical Journal*, gives the following illustrations of the importance of ventilation. "The usual argand gas-burner consumes about five cubic feet of gas per hour, producing rather more than five cubic feet of carbonic acid, and nearly half a pint of water.

"Shops using thirty of these lights, therefore, in an evening of four hours, produce upwards of nine gallons of water, holding in solution the noxious products of the gas.

"An argand lamp, burning in a room twelve feet high and twelve feet square, containing 1728 cubic inches of air, with closed doors and windows, produces sufficient car-

bonic acid, in rather more than three hours, to exceed one per cent., which is considered unfit for respiration, and when it amounts to ten per cent. it is fatal to life.

"A man makes, on an average, twenty respirations per minute, and at each respiration inhales sixteen cubic inches of air; of these 320 cubic inches inhaled, thirty-two cubic inches of oxygen are consumed, and twenty-five cubic inches of carbonic acid produced."—*Lancet*, January 11, 1845.

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Lead Colic.—Dr. Hoffman states that the combination of alum and opium cannot be sufficiently prized in lead colic. Inflammatory symptoms removed, it soothes the pain, keeps the bowels regular, and tranquilizes the patient.—*Med. Zeit.*, No. 8, 1844.

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M. Ehrenberg's Discoveries.—Baron de Humboldt, in a letter to the French Academy of Sciences, states that M. Ehrenberg has just made some new discoveries of infusoriæ still more wonderful than any that he has hitherto announced.

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The Epizootic in Germany.—This very disastrous disease originated in the plains of Russia, where it reigns epidemically. It is considered by the German veterinary surgeons to be a kind of contagious typhus The various German states organized a strict quarantine on their frontiers, but without success, for it has invaded Prussia and Austria, where it is said to be making great ravages. It is much feared that the disease will spread over the whole of continental Europe. In the eighteenth century, several very fatal epizootics ravaged Europe from one end to the other. In 1754, such immense numbers of cattle were swept off, that several governments were obliged to forbid the destruction of any cattle capable of propagating the species.—*Lancet*, Jan. 11, 1845.

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Structure and Development of the Blood Corpuscle in Insects.—Mr. Newport read before the Royal Society, Feb. 20th, a paper "On the Structure and Development of the Blood Corpuscle in Insects, and its comparison with that of the higher Animals," the object of which was to trace the development of the blood corpuscle in insects and other invertebrata, to compare it with that of the higher animals, and to show that in mode of development and function it is analogous to the secreting cells of glands. He first shows that the true form of the corpuscle in insects has heretofore been imperfectly ascertained, having been variously described by Carus, Spence, Wagner, Bowerbank, Edwards, Baly and others, and that it has been correctly indicated only by Mr. Bowerbank. The author regards the blood corpuscle of the invertebrata as existing in four stages; first, the *molecule*, analogous, perhaps, to the molecules of the chyle of vertebrata; secondly, the *oat-shaped* or nucleated body, analogous to the true chyle corpuscle of vertebrata; thirdly, the *spherule* or nucleolus: and lastly, the *disc*, which exists only in some of the articulata, and is analogous to the red blood-corpuscles of vertebrata. These forms are traced from a period when the corpuscle is exceedingly minute, when no perceptible nucleus can be detected within it, to that of its full development, when the nucleus is a large compound body, formed of a multitude of nucleoli. The corpuscle then bursts, and together with most of the nucleoli, becomes dissolved in the fluid part of the blood, the central nucleoli alone appearing to constitute the spherules, which, in lepidopterous insects, are *further developed* into discs. He shows also that the blood corpuscle has important functions in the animal economy, and seems to be the elaborator of the fluid part of the blood. Nearly the whole of the oat-shaped corpuscles of the larva disappear during the pupa state of the lepidopterous insect, when the changes and development of new structures in the body are going on most actively; and that very many of those corpuscles which still exist in the blood until the perfect insect leaves the pupa state, are burst, together with their nucleoli, in the circulatory passages of the wings, and thus become the immediate source of nutrition in the formation and consolidation of structure during the rapid expansion and completion of those organs. These facts he regards as supplying proofs that have heretofore been wanting, of the correctness of the opinion of those who regard the blood-corpuscle as analogous in function to the secreting cells of glands.—*Athenæum*, March 1, 1845.

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Obituary Record.—J. T. Ingleby, M.D., Professor of Midwifery at Queen's College, Birmingham, and author of an admirable work, entitled "Facts and Cases in Obstetric Medicine, with observations on some of the most important diseases incidental to females," died at Birmingham, Jan. 27, aged 50.